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Letter dated 14 June 2017 from the Chargé d'affaires a.i. of the Permanent Mission of the Russian Federation to the United Nations addressed to the Secretary-General and the President of the Security Council

I have the honour to transmit herewith information on the health-care situation in the Syrian Arab Republic (see annex).

I should be grateful if you would circulate this letter and its annex as a document of the Security Council.

(*Signed*) P. **Iliichev**
Chargé d'affaires a.i.

17-10014 (E) 210617 210617

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Annex to the letter dated 14 June 2017 from the Chargé d'affaires a.i. of the Permanent Mission of the Russian Federation to the United Nations addressed to the Secretary-General and the President of the Security Council

The health-care situation in the Syrian Arab Republic

The health-care situation in the Syrian Arab Republic remains complicated. The Syrian health-care system, once considered one of the best in the region, has deteriorated significantly and is not coping with the challenges which it faces, and not only in zones where military operations are being carried out or have recently been carried out. The situation is still dire in territories which have remained under Government control throughout the conflict.

The population has limited access to medical and sanitary services, while the rate of immunization against the main vaccine-preventable diseases remains low. Outbreaks of dysentery, cholera and typhoid fever cannot be ruled out, given the lack of safe drinking water.

According to estimates by the World Health Organization (WHO), up to two thirds of medical personnel have left the country as a result of the ongoing military conflict. Many experienced doctors have moved to the private sector. Many primary health-care centres have been closed because of underfunding, especially in rural areas. Consequently, there has been a sharp rise in the number of patients at leading and specialized hospitals, which are compelled to accept them and are taking on the functions of an outpatient clinic.

Diagnostic and therapeutic equipment in medical facilities has practically exceeded its useful life. Only 11 per cent of hospitals have a full set of basic medical equipment. Standby generators supply 12 per cent of hospitals, despite regular rolling blackouts.

WHO estimates that the country has 111 public hospitals. Of these, 56 offer a full range of services (49 in December 2016), 25 provide partial coverage (33 in December 2016) and 30 have been closed (29 in December 2016). Out of 1,802 outpatient medical centres, 834 are fully functional, 396 are partly functional and 565 have been closed.

The "militarization" of medical institutions in the Syrian Arab Republic, i.e. their use for military purposes, is a politically charged issue. Unverified and fabricated information about strikes on medical facilities by Damascus and the air forces of the Russian Federation are actively circulated in a bid to exert pressure on the authorities of the Syrian Arab Republic and the Russian Federation.

WHO data indicates that 16 public hospitals in the Syrian Arab Republic have been completely destroyed and 35 have been damaged (the figures have not changed since December 2016). The indicators for outpatient medical centres are as follows: out of 1,820 centres, 135 have been completely destroyed (in December 2016, 134 out of 1,787 had been destroyed) and 327 have been damaged (in December 2016, the same 327 had been damaged, but out of a total of 1,787).

The private sector — commercial medical institutions — has also been seriously affected, but is still operating at an acceptable level. Nevertheless, many Syrians are unable to see doctors in private practices because of the high prices.

A distinct situation is developing in areas purged of illegal armed groups, including on account of the implementation of local ceasefire agreements. On the one hand, positive developments in health care have been reported in these areas. Since the Government has consolidated its hold on Wa'r, in the city of Homs,

medical infrastructure in the area has started to be restored. However, according to some sources, before Damascus had resumed control of the territories, the standard of health care there had been generally acceptable thanks to effective targeted assistance by various non-governmental organizations that had provided support to the opposition. Once these territories had been liberated from the militants, this assistance had been stopped immediately with obvious negative consequences. The situation in the East Aleppo area is a case in point. When that area was liberated from militants in December 2016, it became clear that the extremists had had large quantities of medicines and medical equipment at their disposal.

At the same time, the Government of the Syrian Arab Republic has been heavily criticized for withdrawing United Nations humanitarian convoys carrying surgical kits and medicine which could have been used to treat wounded fighters but continued on to besieged areas. The lack of these instruments and drugs in territories under Government control is, however, palpable.

There is no clear picture of the situation in territories under the control of Islamic State in Iraq and the Levant (ISIL). It is assumed that the general conditions with regard to the provision of medical assistance in these areas are not significantly different from those of other crisis areas of the Syrian Arab Republic. However, the probability of measles and poliomyelitis spreading in Dayr al-Zawr, which is under siege by ISIL, is high.

The state of the national pharmaceutical industry, which until 2011 had been one of the most developed in the region, is revealing. Over 90 per cent of necessary medicines used to be produced within the country. There had been 63 pharmaceutical factories in the Syrian Arab Republic which had released 6,000 types of product and employed 17,000 Syrians. Medicine production has now decreased by 70 to 75 per cent as a result of the military operations, economic sanctions (including bans on the supply of raw materials) and a reduction in the disposable income of the population.

The sanctions are preventing the import of medicines. Hospitals are badly in need of anaesthetics, antibiotics, plasma, medicine against chronic preventable diseases, medical equipment (most of which, including equipment for kidney dialysis, has already been procured in Europe and the United States), spare parts and consumable supplies. A number of drugs are on the free market, but at prices that most of the population cannot afford. Even when there are no outright bans on the supply of medicines and medical equipment, banking transactions cannot be made because of unilateral restrictions.

With the assistance of WHO, the Ministry of Health of the Syrian Arab Republic drew up a national list for 2013-2017 of essential medicines, which establishes the priority requirements of Syria. It has now become urgent to lift the sanctions or include considerable exemptions from the sanctions regime in order to improve the humanitarian situation.